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SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 445 (check only one)

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11614	IIZED RECEIPTS		Detailed Si	ummary Page	<u> ×</u>	→	Ш	11b	Ш	11c	\rightarrow	11d		
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NAI	ME OF COMMITTEE (In Full)													
Ke	ndrick Meek for Florida													
	Full Name (Last, First, Middle Initial) Norman Braman						Re	ceipt						
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	Full Name (Last, First, Middle Initial) Paul Brathwaite					Date of	Re	ceipt						
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